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Bib Data Sheet

CONFIRMATION NO. 8719

<b>SERIAL NUMBER</b> 09/887,762	<b>FILING DATE</b> 06/22/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> P-9148.00	
<b>APPLICANTS</b> David L. Thompson, Andover, MN; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/213,858 06/23/2000 <i>R.D.R. 9-14-05</i> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/15/2001</b> <i>R.D.R. 9-14-05</i>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> Girma Wolde-Michael Medtronic, Inc., MS 301 7000 Central Avenue NE <i># 27581</i> Minneapolis, MN 55432					
<b>TITLE</b> Portable extender for data transmission within a medical device communication system					
<b>FILING FEE RECEIVED</b> 840	<b>FEES:</b> Authority has been given in Paper No. <u>                    </u> to charge/credit DEPOSIT ACCOUNT No. <u>                    </u> for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <u>                    </u> <input type="checkbox"/> Credit		